FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2005 8:00 am
Secretary of State
06-23-2005 90001 007 ***150.00

DOCUMENT # P04000032354

1. Entity Name
SURF + TURF REAL ESTATE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1194 MAHOGANY MILL ROAD	1194 MAHOGANY MILL ROAD
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State PENSACOLA FLORIDA	City & State PENSACOLA, FLORIDA
Zip 32507 Country ESCAMBIA	Zip 32507 Country ESCAMBIA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 43 2043082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SUZANNE W. MCCARTHY

Street Address (P.O. Box Number is Not Acceptable): 1194 MAHOGANY MILL ROAD UNIT #1

City: PENSACOLA FL Zip Code: 32507

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 6/8/05
Signature of new registered agent, if applicable — Registered Agent signature required when reinstating — DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRES. / SECRETARY NAME: JERRY W. HALL STREET ADDRESS: 5646 GLENCREST BLVD CITY-ST-ZIP: TAMPA FL 33625	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: DIRECTOR NAME: SUZANNE W. MCCARTHY STREET ADDRESS: 1194 MAHOGANY MILL RD UNIT 1 CITY-ST-ZIP: PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: DIRECTOR NAME: DALE C. MCCARTHY STREET ADDRESS: 1194 MAHOGANY MILL RD UNIT 1 CITY-ST-ZIP: PENSACOLA FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry W. Hall PRES. / SEC. Jerry W. Hall 6/9/05 813-963-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #